

VETERANS AND HUMAN SERVICES LEVY
First Biannual 2010 Report

Introduction

This first of two 2010 biannual reports on the implementation of the Veterans and Human Services (VHS) Levy has been developed in response to the 2010 Adopted King County Budget (Ordinance 16717, Sections 72 and 73), approved by the Metropolitan King County Council in November 2009. Proviso one of Section 72 pertaining to the Veterans Levy Fund states:

“Of this appropriation, \$100,000 shall not be expended or encumbered until the executive submits two biannual progress reports for the veterans and human services levy. The biannual progress report shall contain at a minimum: the amount of funding expended to date, the amount of funding contracted to date, the number and status of request for proposals to date, any individual program statistics for each of the overarching levy strategy areas as defined by the veterans and human services levy service improvement plan that was adopted by Ordinance 15632 and the geographic distribution of levy resources across the county, including numbers of individuals served by jurisdiction. The biannual reports are due on April 30 and August 30. The first report due April 30, 2010 shall include data from November 2009 to March 31, 2010. The second report due August 30 shall include data from April 1, 2010, to August 1, 2010.”

A similar proviso in Section 73 pertains to the Human Services Levy Fund, with identical requirements and timelines.

This first biannual report includes a summary of the VHS Levy funding expended through December 31, 2009; funding committed through the end of 2009 via contracts, memoranda of agreement or other means; the status of Requests for Proposals (RFPs) to date; any individual program statistics for the overarching levy strategy areas; and the geographic distribution of levy resources across the county, including numbers of individuals served by jurisdiction. This report contains service data for the period July 2009 through December 2009. Data for January 2010 through March 2010 is not yet available. The next biannual report will provide as much data as possible for the period of January 2010 through June 2010.

In 2009, three of the levy quarterly reports offered a focused look at the progress on one of the five overarching strategies, rather than providing only brief highlights of all the strategies¹. This report provides summary program statistics for all the overarching levy strategy areas, but also continues the approach of highlighting the accomplishments of one of the five levy overarching strategies. This first 2010 biannual report focuses on Strategy Four: Strengthening Families at Risk. It provides a progress report on the implementation through 2009 of the six activities identified in the VHS Levy Service Improvement Plan (SIP) targeting families at risk and the range of early childhood prevention and intervention services being provided with levy funding. These services are provided by a number of community-based providers.

¹ The first quarter report focused on Strategy One: Increasing Access to Services for Veterans. The focus of the second quarter report was on Strategy Two: Ending Homelessness through Outreach, Prevention, Permanent Supportive Housing and Employment. The focus of the third quarter report was Strategy Three: Increasing Access to Behavioral Health Services.

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Background

King County Ordinance 15279, approved in September 2005, placed before the voters a measure to create the VHS Levy. The ballot measure authorized King County to levy an additional property tax of five cents per \$1,000 of assessed value for a period of six years. The ordinance stipulated that the levy proceeds would be split equally, with one-half dedicated to assist veterans, military personnel and their families, and the other half to help other individuals and families in need. The voters of King County overwhelmingly approved the levy in November 2005.

The county established two citizen oversight boards as called for in the ordinance, and also developed the SIP required by the council to serve as the overarching policy and service plan for expending levy proceeds. The SIP was submitted to the council in September 2006 and approved the following month. The two boards, the Regional Human Services Levy Oversight Board (RHSLOB) and the Veterans Citizen Levy Oversight Board (VCLOB), were convened in February 2007. Throughout 2007 and 2008, the boards worked on their assigned responsibilities of reviewing a multitude of activity-specific implementation plans, serving on many RFP review panels to select community service providers, and receiving briefings on the implementation of levy activities. With only a very few activity plans and RFP processes remaining to be conducted in 2010, board activities turned to oversight of levy activities, making selected site visits, reviewing progress reports on individual levy activities and educating the public on the VHS Levy and its accomplishments.

The SIP, approved by the council through Ordinance 15632, created five overarching strategies to enhance programs and services to help veterans and their families and other low-income residents throughout the county. These overarching strategies include the following:

- Strategy One: Enhancing Services and Access for Veterans (Veterans Levy Fund only)
- Strategy Two: Ending Homelessness through Outreach, Prevention, Permanent Supportive Housing and Employment
- Strategy Three: Increasing Access to Behavioral Health Services
- Strategy Four: Strengthening Families at Risk (Human Services Levy Fund only)
- Strategy Five: Increasing Effectiveness of Resource Management and Evaluation.

Each of the five strategies includes several activities. There are thirty-one activities in all, each specified in the SIP. Detailed plans for implementing each of these activities (called procurement plans if the funds are subject to an RFP, or program designs if the activity is being implemented internally by the county) have been prepared by staff, made available for public review and comment, and closely reviewed by the citizen oversight boards. These plans, as well

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as annual reports on the accomplishments of the activities, can be viewed on the levy Web site at: <http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx>.

Financial Update (as of December 31, 2009)

King County Ordinance 15632 created two separate funds for VHS Levy proceeds: a Veterans Levy Fund and a Human Services Levy Fund. Proceeds from the levy are split equally into these two funds. Almost all of the 31 individual SIP activities have progressed from the required board and public review, through the RFP process, and ultimately, to contracting and expenditure of the funds. Each of these activities is funded by either the Veterans Levy Fund or the Human Services Levy Fund, or in many cases, both.

The RHSLOB and the VCLOB have reviewed the plans for each levy activity, and carefully considered feedback from the public (a required step before making the funds available). By the end of fourth quarter 2009, a total of \$51.9 million (99.6 percent) of all available program funds had been committed to agencies providing services in the community. A total of \$33.1 million (63.5 percent) has been expended (expenditures will always lag the provision of services, as King County pays on a reimbursement basis after the services have been provided in the community). A total of 23 RFP processes have been conducted to date to disburse levy funds. The RFP to select an agency to provide a veterans phone resource was completed in fourth quarter 2009 along with two annual housing-related RFPs, one for capital projects and the other for supportive housing services. An RFP process to select agencies to provide additional outreach services to women veterans and veterans of color began in fourth quarter 2009 and is expected to be completed by the end of first quarter 2010.

With nearly all of the available funds committed, the levy dollars are being put to work in the community. For the Veterans Levy Fund portion, as of the end of fourth quarter 2009 a total of \$25.3 million (99.6 percent) of the available dollars were committed to agencies providing services in the community, or allocated to expanding the range and capacity of the King County Veterans' Program. Of the \$25.3 million, \$16.1 million (63.4 percent) has been expended.

For the Human Services Fund portion, \$26.6 million (99.6 percent) has been committed to agencies providing services in the community, or allocated to expanding the capacity of specified internal programs, such as the Nurse Family Partnership (NFP) operated by Public Health – Seattle and King County. Of the \$26.6 million, \$17 million (63.6 percent) has been expended.

Number/Geographic Distribution of Those Served During Third and Fourth Quarter 2009

The budget proviso indicated that this first biannual report should cover the time period of November 2009 through March 2010. However, demographic, service and outcome data from community-based contractors is received on a quarterly, not monthly, basis. Consequently, data on the entire fourth quarter, October through December 2009, is provided in this report, along with data from the third quarter. The Community Services Division will not receive first quarter 2010 data until the end of April 2010, too late to be included in this report due by April 30, 2010. The next biannual report will include both first and second quarter 2010 data. This approach will result in biannual reports that include data in half-year increments.

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As the following chart indicates, a total of 10,810 individuals in King County received Veterans and Human Services Levy funded services during the last six months of 2009.

Number of Clients Served by Overarching Strategies
July – December 2009

Strategy	Number Served
One: Enhancing Services and Access for Veterans	2,048
Two: Ending Homelessness Through Outreach, Prevention, Permanent Supportive Housing and Employment	2,206
Three: Increasing Access to Behavioral Health Services	4,158
Four: Strengthening Families at Risk	2,398
Total Served	10,810

Twelve percent of the clients served in the last six months of 2009 resided in the east and north regions of the county, 37.4 percent resided in Seattle, and 47 percent resided in South King County.

Number and Percent of Clients Served by Region
July – December 2009

Region	Number of Clients Served	Clients Served as Percent of All Clients Served
North	392	3.6
East (urban)	831	7.7
East (rural)	69	0.7
Total North and East	1,292	12.0
Seattle	4,048	37.4
South (urban)	4,895	45.3
South (rural, including Vashon)	182	1.7
Total South	5,077	47.0
Other*	393	3.6
Total	10,810	100

*Includes homeless, address of residence if outside King County or undetermined

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Focus on Strategy Four: Strengthening Families at Risk

This report focuses on overarching Strategy Four: Strengthening Families at Risk. The SIP allocated Human Services Levy funds totaling almost \$10 million over the life of the levy to provide services to strengthen families at risk in King County. The SIP allocated \$1.5 million per year to meet the requirement of Ordinance 15406 that a small portion of levy proceeds target the development of early intervention and prevention services.

Teen parents, parents who have immigrated, experienced homelessness, domestic violence, or incarceration, may be at risk of future involvement with child welfare, behavioral health treatment and criminal justice systems. They need help to learn how to care for their children and become self-sufficient families. Programs that help build strong maternal-child attachments, economic self-sufficiency and connection to community or extended families – in the early months and years after a child is born – can prevent child abuse and neglect, while giving children and their families a healthy start on life.

The six levy activities funded under this overarching strategy were all designed to fill gaps in services and provide care for families in need of extra support to get them off on the right start. The specific strategies provide services for young single mothers, mothers at risk of depression, immigrant and other families needing information on early childhood development. Some activities such as NFP and Family Treatment Court (FTC) expand on programs that already exist in the community. Others, such as the pilot project for maternal depression and activities to assist parents exiting the criminal justice system to reunite with their children, are new services to support families in our community. The plans for these activities, as well as all the VHS Levy activities, may be viewed on the Levy's website at: www.kingcounty.gov/operations/DCHS/Services/Levy/.

This first biannual 2010 report provides an update on the six activities now being implemented under strategy four.

Activity 4.1: Nurse Family Partnership

The NFP is a nurse home visiting program for young, low income, first-time mothers who are on Medicaid. It is a national evidence-based model that has shown positive effects on the lives of first-time mothers and their children including less child abuse and neglect, increased employment, reduced substance abuse by mothers, fewer arrests among mothers (and among their children, as they grow up) and increased school readiness by children. Levy funding expanded the program that was already in existence in King County, funded through a variety of sources.²

During 2009, the NFP served 573 new first-time young mothers and their children, providing a total of 3,445 visits to these families. Of these, 133 were supported with levy funding. All levy-funded NFP client slots are now filled. Since clients receive services for two and a half years, no

² While the NFP lost Children and Family Commission funding (County General Fund) in the 2010 budget, an increased federal Medicaid reimbursement rate has allowed the program to maintain services in 2010.

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new levy-funded clients will be accepted until currently enrolled clients begin graduating from the program next year.

Clients supported with the levy funds in 2009 (132 clients) live throughout King County:

City	Number of Clients
Auburn	2
Bellevue	2
Black Diamond	1
Bothell	1
Burien	3
Covington	1
Des Moines	3
Federal Way	16
Kent	45
Maple Valley	1
Newcastle	1
Redmond	4
Renton	9
SeaTac	6
Seattle	20
Shoreline	9
Tukwila	4
Vashon	1
Woodinville	1
Homeless	2

The team continues its outreach and case management with schools, health care providers and social service agencies, including public health and community clinic sites and the Women and Infant Care Program.

A small amount of NFP levy funding is also provided for education and employment training for the parents enrolled in the program, or in the Healthy Start program implemented by Friends of Youth (See Strategy 4.3 below for additional details on the Healthy Start home visitation program). New parents are often highly motivated to consider and improve their futures for the sake of their children. When they are in need of education, employment and training information or services, parents are referred by their NFP nurse to education and employment training provided by the King County Work Training Program (WTP). The WTP staff provide services that may include, but are not limited to, information and referral, assessment, career exploration/counseling, job readiness training, job search assistance, job placement assistance, job retention, internship/work experience, linkages to post-secondary education (including completion of financial aid forms and access to programs offering free or reduced tuition), and linkages to secondary school (high school) and General Education Diploma (GED) programs. Staff also assist parents in gaining access to community resources that allow them to help support themselves and their child/children such as the Working Connections Childcare

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Program. The WTP also provides emergency support services (bus tickets, etc.) to help facilitate success in school and/or work.

During the third and fourth quarter of 2009, education and employment services were provided to 106 parents throughout King County. Of those parents, 68.5 percent were re-engaged in school (high school, GED or post-secondary) or work by the end of the year. Additionally, two parents received their high school diplomas, four attained GEDs, and four maintained college grade point averages of 2.0 or above. The WTP was also able to leverage funding provided by the American Recovery and Reinvestment Act to provide work experience/internships to young parents, and eight parents completed a work experience in the summer of 2009.

Activity 4.2: Pilot New Services for Maternal Depression

Depression is twice as likely to affect women as men, with rates of depression highest during women's childbearing years. Maternal depression can affect parenting behaviors and ultimately harm children's health and development. The goal of Strategy 4.2 is to pilot family-centered mental health treatment strategies integrated into services available at safety net maternity support and primary care clinics. In addition to levy funds, the Maternal and Child Behavioral Health (MCBH) Pilot is also supported by funding from the King County Children's Health Initiative, providing clinic-based screening and mental health treatment strategies for low-income children, 0-12 years of age.

Clinics participating in the MCBH Pilot are using a collaborative, stepped care model to deliver services. This evidence-based integrated practice model guides nursing, primary care, and mental health providers to collaborate successfully to diagnose and treat depression in primary care clinics. The primary care team uses a coordinated set of guidelines and evidence-based treatment protocols that are designed to identify and improve common mental disorders, such as depression. In addition, a consulting psychiatrist is available to work with primary care staff on a regular basis and provides guidance on complex patients.

With support from the Human Services Levy, nine health and maternal support programs in five community health clinics are piloting mechanisms to screen low-income pregnant and parenting women for depression. Clinic staff work to engage depressed mothers into mental health care and provide mental health treatment and interventions including individual therapy, facilitated support groups and parenting classes.

In the third and fourth quarters of 2009, clinic and maternal support services staff used a standardized depression screening tool, the Patient Health Questionnaire, to screen over 1,300 pregnant and parenting women for signs and symptoms of clinical depression. Over 351 (26 percent) of the women screened scored positive on the depression screen, indicating a likelihood of moderate to severe depression, a condition that all too frequently has adverse impacts on both the mother and child/children.

A total of 234 of these women were successfully engaged in treatment and interventions to address their depression and other mental health needs. Of these, 164 received two or more additional screenings with the questionnaire to monitor their symptom improvement over time.

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Significant clinical improvements were achieved for 63 percent of these women, as measured by a five-point or greater decrease in their depression score over time. Screening and treatment statistics for each of the community health centers participating in the pilot program are summarized in the table below.

Screening and Interventions for Pregnant and Parenting Women
July – December 2009

	Country Doctor	Neighbor Care	Health Point	International Community Health Services	Sea Mar	Total
# Pregnant and parenting women screened for depression or other mental health concerns	219	479	164	101	338	1301
# Women who screened positive for symptoms of clinical depression	59	146	66	18	61	350
# Women receiving interventions and treatment for depression	56	66	78	28	28	256
# Women who attended facilitated peer support groups	10	8	28	5	11	62

Activity 4.3: Early Childhood Intervention and Prevention Services

This levy activity provides funding to community-based providers supporting at-risk families with children under age five, through home visits to strengthen healthy interactions between parents and their children, training for caregivers and staff who work with high-risk children, and improved access to culturally competent services for immigrant and refugees. At-risk families may be those living in poverty, families of active duty guard and reservists, families in which one or both parents are unemployed or underemployed, families with domestic violence involvement, experiencing homelessness, or dealing with substance abuse or mental health problems. Families with limited English proficiency, immigrant, or refugee status can also experience stresses interfering with healthy child development.

This levy activity uses evidence-based models that promote parent's skills to strengthen families while reducing family risks and deficits. This activity includes several different, but related programs designed to strengthen families:

- A home visiting program to support healthy interactions between parent and child in early years of life that help prevent child abuse and neglect

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- Training for caregivers in high quality play environments in which they learn how children learn through play
- Training for staff who work with high-risk children and their families to improve staff skills and create high quality play environments in which children and families learn
- Improved access to services for immigrants and refugees who may be isolated due to language and culture.

Home visiting program: Healthy Start – enhancement and expansion project

Under the direction of Friends of Youth, the lead agency for Healthy Start, the program completed its expansion into the Renton area using levy funds in 2008. Since then, demand for home visitation services has been high and a waiting list for enrollment in this program was implemented in third quarter that continued through the end of 2009.

A total of 335 families were served by this home visitation program during 2009. The average age of the young mothers served was 19.

Training program: Family, Friend and Neighbor, and Play and Learn Groups projects

This program provides facilitated, age-appropriate play groups to help families, friends and neighbors prepare the children in their care to thrive as learners. Child Care Resources coordinates the program providing training, technical assistance, and resources to organizations hosting Play and Learn groups. At a Play and Learn group, caregivers receive information and resources to enhance their ability to care for children and help them be ready for success in school.

By the end of 2009, there were a total of 59 Play and Learn Groups operating in King County. These groups served a total of 2,492 families during 2009. Below are comments from Play and Learn Group participants.

I am so happy with this program and very appreciative because I have learned so much about the children in my care. I've learned how to share more with them, how to teach them, how to play and help children of different ages.

-An Auburn parent and caregiver participating in a Play and Learn Group

Grandma and I come to weekly Play and Learn, we learn ABCs, we sing Twinkle, Twinkle, Little Star in both Chinese and English, and we do project (sic) together. We both make new friends and we have a lot of fun.

- A three-year old participant in a Play and Learn Group at the Chinese Information and Service Center in Seattle

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Training program: Promoting First Relationships, a train-the-trainer project

Staff from the three 2009 participating agencies (Valley Cities Counseling and Consultation Services, Atlantic Street Center, and Child Care Resources) continued weekly on the job training with Promoting First Relationships staff and families during the third quarter of the year. This training program operated by the University of Washington provided training to five staff from three agencies, Odessa Brown Children's Clinic, Wellspring Family Services and Highline West Seattle Mental Health, during 2008.

Improved access program: Cultural Navigator Program

The Chinese Information and Services Center received levy funding to expand and enhance the Cultural Navigator Program. This program assists limited English speaking individuals and families access appropriate services and navigate through a variety of complex service systems. The program operates in four locations in South and East King County providing bilingual/bicultural services in Chinese (both Mandarin and Cantonese), Spanish, Vietnamese, Russian, and Punjabi. Levy funding expanded services to a fourth location in South King County and increased hours at East King County locations.

A total of 835 individuals were served in 2009. Staff reported an increased demand for information and referrals for basic needs such as housing, food, and employment last year.

Activity 4.4 Provide Service Enhancements for Single Parents Exiting the Criminal Justice System, Living in Transitional Housing/Activity 4.5 Invest in Education and Employment Programs for Single Parents Exiting the Criminal Justice System

Parents who return to the community following incarceration may be at increased risk for homelessness, substance abuse, mental health issues, loss of child custody, or involvement with Child Protective Services, and recidivism. Supportive housing, employment, training and other supportive services help stabilize and re-unify families while also assisting them in addressing histories of physical trauma, domestic violence and sexual abuse that are so often present for these individuals. These two levy-funded activities (along with Activity 2.6 regarding permanent housing placement supports for single parents who have criminal justice system histories and who are exiting transitional housing,) provide a comprehensive set of services for these families.

In some cases, outreach to potential clients occurs while the parents are still incarcerated; in others, contact is made later. Regardless of when first contact is made, staff from one of the two selected programs, First Place and the YWCA, work to find the best solutions possible for both parent and child. While this levy funded program is small, services are intensive and comprehensive including outreach and engagement, case management, and employment assistance along with other supportive services. Services begin when the families enter transitional housing and continue up to a year after they have moved into non-time limited housing. By the end of 2009, the programs were fully up and running and 29 households were housed and receiving services.

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First Place: Family Unification Program

Over 400 individuals have been contacted in some manner about this program. Some of these participated in workshops while still incarcerated, others heard about the program and made contact with First Place to learn more.

Through the end of 2009, seven households, a total of 15 individuals, have been housed and received the services offered by the program. All seven households made significant gains. They were linked to health care and three are receiving mental health services. All parents are working on education goals that include GED classes, on the job training and higher education courses. Though none of the parents are employed yet, one is receiving training through Fare Start and one has enrolled in a vocational program at South Seattle Community College. All children are receiving ongoing wrap around services and have shown gains in social-emotional indicators. None of the parents have returned to the criminal justice system.

YWCA: Passage Point Programs

Through the end of 2009, 22 households had been housed in various YWCA units and were receiving services (there will be a dedicated Passage Point facility, but it is still under development in East King County). Of these households, five have been successfully reunited with their children and have moved on to permanent housing. All families are receiving extensive child-parent interactive therapy to improve parenting skills and family relationships. As many clients have little or no employment experience, the program hired an education/employment coach who is working on basic skills related to employment.

Tiffany's story: Upon entering the Passage Point program in May 2009, Tiffany had an outstanding warrant, no place to live, and needed help finding additional income. Tiffany had also struggled with a methamphetamine addiction and prior gambling problem. She knew it was imperative she address these issues if she would ever have the chance at reuniting with her child. By the end of December, Tiffany was working two jobs, attending Narcotics Anonymous/Alcoholics Anonymous meetings, had bought a car, and opened a child support case so she could help take care of her child even though she isn't with her yet. She just recently moved into her own one-bedroom apartment and is currently in the process of addressing credit issues. She is well on her way to becoming self-sufficient and hopefully soon she will be ready to present a parenting plan and have visits with her child. She has been exercising to take care of herself and keeping a journal to help manage her emotions. She is very happy to be in the Passage Point Program and welcomes the support and input of our entire therapeutic team.

Activity 4.6: Family Treatment Court

King County Superior Court's FTC program is an alternative to regular dependency court and is designed to improve the safety and well being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family. Through a collaborative, strength-based approach, FTC integrates substance abuse treatment and increased accountability into the dependency process. It is expected that parents will remain in FTC between 18 months and two

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years. The SIP guiding the implementation of the levy allocated \$200,000 in one-time funding to FTC for 2007 to support the program during a one-year funding gap. During the 2009 budget process, the King County Council directed an additional \$225,000 in levy funding be allocated to FTC.

Families are brought into FTC by a Recruitment Specialist who works with the participant and the participant's attorney, preferably right after the shelter care hearing, to determine program eligibility, as well as assist the participant in accessing resources to complete a chemical dependency assessment and enroll in treatment. Once the participant has been accepted into FTC, the Treatment Liaison monitors the participant's treatment progress and provides case coordination when problems arise. These two positions work in conjunction with the FTC team that reviews parents' participation and recommends services. The team includes parents' attorneys, the assistant attorney general, a Department of Social and Health Services social worker, substance abuse counselor, Court Appointed Special Advocate and/or child's attorney, an FTC supervisor, and the judge.

Between August 2004 and December 2009, a total of 124 parents and 163 children had been accepted into the program. In December 2009, there were 38 children and 29 adults involved in FTC. Most of the FTC participants are female (82 percent). Not surprisingly, families enter the program with multiple needs. Besides chemical dependency, the most frequently reported needs are related to domestic violence, mental health concerns, and lack of stable housing. As of December 2009, 86 percent of parents were unemployed upon entering FTC and 60 percent were without permanent residence. Despite these challenges, FTC's services are making a difference in supporting families. Approximately four out of five of the children currently in FTC and three out of five of the children no longer in FTC are living with at least one parent or a relative caregiver.

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June's story: In November 2008, June entered FTC after experiencing her third involvement with dependency court for the same child. She entered with an active addiction to cocaine and opiates, a history of prostitution and incarceration, chronic health problems and has struggled with bipolar disorder over the years. She was a victim of domestic violence and had experienced physical, emotional and sexual abuse. Her seven year old child was exhibiting behavior problems due to his mother's instability and lifestyle choices and resided in a foster home. June had been struggling with addiction since age 16, with brief periods of sobriety. She had no medical insurance. From November to March, June was actively using, showing up at random to her court hearings. The FTC treatment liaison and recruitment specialist helped her arrange for medical coverage and worked with Recovery Centers of King County (RCKC) to find treatment options. She entered detoxification treatment with RCKC on March 3, but upon her release, there were no inpatient beds available. She relapsed, but stayed in touch with the team, who assisted her in entering detoxification again in April, this time with an available inpatient bed date upon discharge. June has been clean and sober since April 2009. She has found clean and sober housing and is stable on psychotropic medication and sought assistance for her chronic health problems. She has become a peer leader, often leading the FTC peer support groups and acting as a mentor for those new to the program. Her outpatient treatment provider hails her as a role model for those in recovery. She has stayed connected with her son by consistent visitation and will be receiving family counseling with her son along with family support preservation services to stabilize their relationship upon his eventual return home.

Conclusion

In sum, the six levy activities funded under Strategy Four: Strengthening Families at Risk are having a positive impact on low-income, at-risk families in King County. The SIP that guides the investment of levy funds has allocated a total of over \$10 million through the life of the levy to strengthen families in King County with a variety of programs included under strategy four of the VHS Levy. The six activities of this overarching strategy focus on strengthening families who may be at risk of involvement in the child welfare, behavioral health treatment or criminal justice systems. They may be young, low-income first-time mothers or mothers experiencing depression which can impact the health and development of their children. Other families receiving assistance under this strategy may be struggling with self-sufficiency due to immigrant or refugee status, single parents who have been involved in the criminal justice system or parents involved with King County Superior Court's FTC, an alternative to regular dependency court.

Investing in these families in the early months and years after a child is born can improve the well being of the children and their families. This also prevents their involvement with complex and expensive service systems, while improving their self-sufficiency. By enhancing services to these families through a variety of activities provided throughout King County, the VHS Levy is providing important assistance and improving the quality of life for families in our communities.



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Attachment A

Veterans and Human Services Levy Funds 1141 and 1142 Consolidated Fourth Quarter 2009 Financial Status Report

Strategy	Program Dollars Per Plan 2009	Program Dollars Per Plan 2006-2009	Step 1		Step 2	Step 3		Step 4
			Board/Public review status as of 12/31/09		RFP or Other Process	2009 Funds Committed *	2006-2009 Funds Committed *	Life to Date Cumulative Expenditures (including 2009)
Overarching Strategy 1: Veterans								
1.1 Expand geographic range of the King County Veterans' Program	\$ 789,939	\$ 1,484,909	Periodic	\$ 1,484,909	Completed	\$ 789,939	\$ 1,484,909	\$ 213,368
1.2 Increase capacity of the King County Veterans' Program	\$ 2,413,640	\$ 7,448,720	Completed	\$ 7,448,720	Completed	\$ 2,413,640	\$ 7,448,720	\$ 5,835,525
1.3 Phone resource for veterans	\$ 100,000	\$ 300,000	Completed	\$ 300,000	Completed	\$ 100,000	\$ 300,000	\$ -
1.4 Provide training & info re: VA linkages	\$ 40,000	\$ 120,000	Under Discussion		NA	\$ 40,000	\$ 120,000	\$ -
Overarching Strategy 2: Homelessness								
2.1 Initiatives to identify/engage/house long term homeless	\$ 820,000	\$ 2,110,000	Completed	\$ 2,110,000	Completed	\$ 820,000	\$ 2,110,000	\$ 1,474,962
2.2 Increase permanent housing w/support services	\$ 1,000,000	\$ 13,816,782	Completed	\$ 13,816,782	Annual RFP	\$ 1,000,000	\$ 13,816,782	\$ 11,296,386
2.3 Landlord risk reduction	\$ -	\$ 1,000,000	Completed	\$ 1,000,000	Completed	\$ -	\$ 1,000,000	\$ 2,663
2.4 Investment in support services for housing	\$ 1,250,000	\$ 3,750,000	Completed	\$ 3,750,000	Annual RFP	\$ 1,250,000	\$ 3,750,000	\$ 934,293
2.5 KCCJI housing/services	\$ 500,000	\$ 1,500,000	Completed	\$ 1,500,000	Completed	\$ 500,000	\$ 1,500,000	\$ 835,000
2.6 Perm housing placement suppt/CJ parents exiting transitional hsg	\$ 110,000	\$ 220,000	Completed	\$ 220,000	Completed	\$ 110,000	\$ 220,000	\$ 61,126
2.7 Housing stability program	\$ 1,000,000	\$ 3,000,000	Completed	\$ 3,000,000	Completed	\$ 1,000,000	\$ 3,000,000	\$ 1,717,888
2.8 Link education & employment to supportive housing	\$ 1,000,000	\$ 2,550,000	Completed	\$ 2,550,000	Completed	\$ 1,000,000	\$ 2,550,000	\$ 1,478,089
Overarching Strategy 3: Behavioral Health								
3.1 Integrate MH/CD into primary care clinics	\$ 1,300,000	\$ 3,700,000	Completed	\$ 3,700,000	Completed	\$ 1,300,000	\$ 3,700,000	\$ 2,850,714
3.2 Training programs in trauma sensitive & PTSD treatment	\$ 75,000	\$ 225,000	Completed	\$ 225,000	Completed	\$ 75,000	\$ 225,000	\$ -
3.3 Train behavioral health providers in PTSD	\$ 250,000	\$ 750,000	Completed	\$ 750,000	Completed	\$ 250,000	\$ 750,000	\$ 166,000
3.4 In-home services to treat depression in elderly vets, others	\$ 196,000	\$ 504,000	Completed	\$ 504,000	Completed	\$ 196,000	\$ 504,000	\$ 419,967
Overarching Strategy 4: Strengthening Families								
4.1 Nurse Family Partnership	\$ 641,949	\$ 1,509,449	Completed	\$ 1,402,500	Completed	\$ 641,949	\$ 1,509,449	\$ 1,429,670
4.2 Pilot new services for maternal depression	\$ 461,638	\$ 1,461,638	Completed	\$ 1,500,000	Completed	\$ 461,638	\$ 1,461,638	\$ 1,211,638
4.3 Early childhood intervention/prevention	\$ 424,413	\$ 1,410,413	Completed	\$ 1,479,000	Completed	\$ 424,413	\$ 1,410,413	\$ 1,150,587
4.4 Early intervention support for parents exiting CJ/in transitional hsg	\$ 280,000	\$ 560,000	Completed	\$ 560,000	Completed	\$ 280,000	\$ 560,000	\$ 297,607
4.5 Invest in education and employ for single parents exiting CJ	\$ 150,000	\$ 300,000	Completed	\$ 300,000	Completed	\$ 150,000	\$ 300,000	\$ 42,644
4.6 Family Treatment Court	\$ 225,000	\$ 425,000	Completed	\$ 425,000	NA	\$ 225,000	\$ 425,000	\$ 321,755
Overarching Strategy 5: Resource Management and Evaluation								
5.1 Evaluation	\$ 350,000	\$ 1,250,000	Completed	\$ 1,250,000	NA	\$ 350,000	\$ 1,250,000	\$ 351,459
5.2 Cross system planning/Youth	\$ -	\$ 250,000	Under Discussion	-	NA	\$ -	\$ 250,000	\$ -
5.3 Profile of offenders with MH & COD	\$ -	\$ 120,000	Completed	\$ 120,000	Completed	\$ -	\$ 120,000	\$ 120,000
5.4 Planning, training, service design efforts	\$ 100,000	\$ 200,000	Scheduled May 2010	-	NA	\$ -	\$ -	\$ -
5.5 Safe Harbors	\$ 200,000	\$ 825,000	Completed	\$ 825,000	Completed	\$ 200,000	\$ 825,000	\$ 457,440
5.6 Information systems	\$ -	\$ 350,000	NA	-	NA	\$ -	\$ 350,000	\$ -
5.7 Consultation and training (HIPAA)	\$ -	\$ 150,000	Completed	\$ 150,000	Completed	\$ -	\$ 150,000	\$ -
5.8 Common data set	\$ 80,000	\$ 380,000	Completed	\$ 380,000	NA	\$ 80,000	\$ 380,000	\$ -
5.9 Facilitation of ongoing partnerships	\$ 150,000	\$ 450,000	Completed	\$ 450,000	Completed	\$ 150,000	\$ 450,000	\$ 433,102
Subtotal:	\$ 13,907,579	\$ 52,120,911		\$ 51,200,911		\$ 13,807,579	\$ 51,920,911	\$ 33,101,882
Percent of available program dollars:				98.2%			99.6%	63.5%
Administration and Board Support	\$ 1,072,085	\$ 2,294,734				\$ 1,072,085	\$ 2,294,734	\$ 2,126,379
Planning, Development and Start-up	\$ -	\$ 1,717,408				\$ -	\$ 1,717,408	\$ 584,087
Subtotal:	\$ 1,072,085	\$ 4,012,142				\$ 1,072,085	\$ 4,012,142	\$ 2,710,466
Total:	\$ 14,979,664	\$ 56,133,053		\$ 51,200,911		\$ 14,879,664	\$ 55,933,053	\$ 35,812,348
Percent of available program, board support, Start-up, and administrative expense dollars:				91.2%			99.6%	63.8%

*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), as well as funds committed to expanding the range/capacity of the King County Veterans' Program



VETERANS AND HUMAN SERVICES LEVY

First Biannual 2010 Report

Attachment A

Veterans Services Levy Fund 1141

Consolidated Fourth Quarter 2009 Financial Status Report

Strategy	Program Dollars Per Plan 2009	Program Dollars Per Plan 2006-2009	Step 1	Step 2	Step 3		Step 4
			Board/Public review status as of 12/31/09	RFP or Other Process	2009 Funds Committed *	2006-2009 Funds Committed *	Life to Date Cumulative Expenditures (including 2009)
Overarching Strategy 1: Veterans							
1.1 Expand geographic range of the King County Veterans' Program	\$ 789,939	\$ 1,484,909			\$ 789,939	\$ 1,484,909	\$ 213,368
1.2 Increase capacity of the King County Veterans' Program	\$ 2,413,640	\$ 7,448,720			\$ 2,413,640	\$ 7,448,720	\$ 5,835,525
1.3 Phone resource for veterans	\$ 100,000	\$ 300,000			\$ 100,000	\$ 300,000	\$ -
1.4 Provide training & info re: VA linkages	\$ 40,000	\$ 120,000			\$ 40,000	\$ 120,000	\$ -
Overarching Strategy 2: Homelessness							
2.1 Initiatives to identify/engage/house long term homeless	\$ 246,000	\$ 633,000			\$ 246,000	\$ 633,000	\$ 425,544
2.2 Increase permanent housing w/support services	\$ 300,000	\$ 5,999,353			\$ 300,000	\$ 5,999,353	\$ 5,321,374
2.3 Landlord risk reduction	\$ -	\$ 500,000			\$ -	\$ 500,000	\$ 1,332
2.4 Investment in support services for housing	\$ 375,000	\$ 1,125,000			\$ 375,000	\$ 1,125,000	\$ 284,325
2.5 KCCJI housing/services	\$ 150,000	\$ 450,000			\$ 150,000	\$ 450,000	\$ 250,500
2.6 Perm housing placement suppt/CJ parents exiting transitional hsg	\$ -	\$ -			\$ -	\$ -	\$ -
2.7 Housing stability program	\$ 500,000	\$ 1,500,000			\$ 500,000	\$ 1,500,000	\$ 795,954
2.8 Link education & employment to supportive housing	\$ 300,000	\$ 765,000			\$ 300,000	\$ 765,000	\$ 377,925
Overarching Strategy 3: Behavioral Health							
3.1 Integrate MH/CD into primary care clinics	\$ 800,000	\$ 2,200,000			\$ 800,000	\$ 2,200,000	\$ 1,600,714
3.2 Training programs in trauma sensitive & PTSD treatment	\$ 22,500	\$ 67,500			\$ 22,500	\$ 67,500	\$ -
3.3 Train behavioral health providers in PTSD	\$ 250,000	\$ 750,000			\$ 250,000	\$ 750,000	\$ 166,000
3.4 In-home services to treat depression in elderly vets, others	\$ 98,000	\$ 252,000			\$ 98,000	\$ 252,000	\$ 224,000
Overarching Strategy 4: Strengthening Families							
4.1 Nurse Family Partnership	\$ -	\$ -	Please see the Consolidated Financial Status Report		\$ -	\$ -	\$ -
4.2 Pilot new services for maternal depression	\$ -	\$ -			\$ -	\$ -	\$ -
4.3 Early childhood intervention/prevention	\$ -	\$ -			\$ -	\$ -	\$ -
4.4 Early intervention support for parents exiting CJ/in transitional hsg	\$ -	\$ -			\$ -	\$ -	\$ -
4.5 Invest in education and employ for single parents exiting CJ	\$ -	\$ -			\$ -	\$ -	\$ -
4.6 Family Treatment Court	\$ -	\$ -			\$ -	\$ -	\$ -
Overarching Strategy 5: Resource Management and Evaluation							
5.1 Evaluation	\$ 175,000	\$ 625,000			\$ 175,000	\$ 625,000	\$ 175,783
5.2 Cross system planning/Youth	\$ -	\$ 125,000			\$ -	\$ 125,000	\$ -
5.3 Profile of offenders with MH & COD	\$ -	\$ 60,000			\$ -	\$ 60,000	\$ 60,000
5.4 Planning, training, service design efforts	\$ 50,000	\$ 100,000			\$ -	\$ -	\$ -
5.5 Safe Harbors	\$ 60,000	\$ 247,500			\$ 60,000	\$ 247,500	\$ 159,175
5.6 Information systems	\$ -	\$ 175,000			\$ -	\$ 175,000	\$ -
5.7 Consultation and training (HIPAA)	\$ -	\$ 75,000			\$ -	\$ 75,000	\$ -
5.8 Common data set	\$ 40,000	\$ 190,000			\$ 40,000	\$ 190,000	\$ -
5.9 Facilitation of ongoing partnerships	\$ 75,000	\$ 225,000			\$ 75,000	\$ 225,000	\$ 216,551
Subtotal:	\$ 6,785,079	\$ 25,417,982			\$ 6,735,079	\$ 25,317,982	\$ 16,108,069
Percent of available program dollars:						99.6%	63.4%
Administration and Board Support	\$ 584,005	\$ 1,176,172			\$ 584,005	\$ 1,176,172	\$ 1,137,676
Planning, Development and Start-up	\$ -	\$ 1,304,884			\$ -	\$ 1,304,884	\$ 520,482
Subtotal:	\$ 584,005	\$ 2,481,056			\$ 584,005	\$ 2,481,056	\$ 1,658,158
Total:	\$ 7,369,084	\$ 27,899,038			\$ 7,319,084	\$ 27,799,038	\$ 17,766,228
Percent of available program, board support, Start-up, and administrative expense dollars:							
						99.6%	63.7%

*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), as well as funds committed to expanding the range/capacity of the King County Veterans' Program



VETERANS AND HUMAN SERVICES LEVY

First Biannual 2010 Report

Attachment A

Health and Human Services Levy Fund 1142

Consolidated Fourth Quarter 2009 Financial Status Report

Strategy	Program Dollars Per Plan 2009	Program Dollars Per Plan 2006-2009	Step 1	Step 2	Step 3		Step 4
			Board/Public review status as of 12/31/09	RFP or Other Process	2009 Funds Committed *	2006-2009 Funds Committed *	Life to Date Cumulative Expenditures (including 2009)
Overarching Strategy 1: Veterans							
1.1 Expand geographic range of the King County Veterans' Program	\$ -	\$ -			\$ -	\$ -	\$ -
1.2 Increase capacity of the King County Veterans' Program	\$ -	\$ -			\$ -	\$ -	\$ -
1.3 Phone resource for veterans	\$ -	\$ -			\$ -	\$ -	\$ -
1.4 Provide training & info re: VA linkages	\$ -	\$ -			\$ -	\$ -	\$ -
Overarching Strategy 2: Homelessness							
2.1 Initiatives to identify/engage/house long term homeless	\$ 574,000	\$ 1,477,000			\$ 574,000	\$ 1,477,000	\$ 1,049,418
2.2 Increase permanent housing w/support services	\$ 700,000	\$ 7,817,429			\$ 700,000	\$ 7,817,429	\$ 5,975,012
2.3 Landlord risk reduction	\$ -	\$ 500,000			\$ -	\$ 500,000	\$ 1,332
2.4 Investment in support services for housing	\$ 875,000	\$ 2,625,000			\$ 875,000	\$ 2,625,000	\$ 649,968
2.5 KCCJI housing/services	\$ 350,000	\$ 1,050,000			\$ 350,000	\$ 1,050,000	\$ 584,500
2.6 Perm housing placement suppt/CJ parents exiting transitional hsg	\$ 110,000	\$ 220,000			\$ 110,000	\$ 220,000	\$ 61,126
2.7 Housing stability program	\$ 500,000	\$ 1,500,000			\$ 500,000	\$ 1,500,000	\$ 921,933
2.8 Link education & employment to supportive housing	\$ 700,000	\$ 1,785,000			\$ 700,000	\$ 1,785,000	\$ 1,100,164
Overarching Strategy 3: Behavioral Health							
3.1 Integrate MH/CD into primary care clinics	\$ 500,000	\$ 1,500,000			\$ 500,000	\$ 1,500,000	\$ 1,250,000
3.2 Training programs in trauma sensitive & PTSD treatment	\$ 52,500	\$ 157,500			\$ 52,500	\$ 157,500	\$ -
3.3 Train behavioral health providers in PTSD	\$ -	\$ -			\$ -	\$ -	\$ -
3.4 In-home services to treat depression in elderly vets, others	\$ 98,000	\$ 252,000			\$ 98,000	\$ 252,000	\$ 195,967
Overarching Strategy 4: Strengthening Families							
4.1 Nurse Family Partnership	\$ 641,949	\$ 1,509,449			\$ 641,949	\$ 1,509,449	\$ 1,429,670
4.2 Pilot new services for maternal depression	\$ 461,638	\$ 1,461,638			\$ 461,638	\$ 1,461,638	\$ 1,211,638
4.3 Early childhood intervention/prevention	\$ 424,413	\$ 1,410,413			\$ 424,413	\$ 1,410,413	\$ 1,150,587
4.4 Early intervention support for parents exiting CJ/in transitional hsg	\$ 280,000	\$ 560,000			\$ 280,000	\$ 560,000	\$ 297,607
4.5 Invest in education and employ for single parents exiting CJ	\$ 150,000	\$ 300,000			\$ 150,000	\$ 300,000	\$ 42,644
4.6 Family Treatment Court	\$ 225,000	\$ 425,000			\$ 225,000	\$ 425,000	\$ 321,755
Overarching Strategy 5: Resource Management and Evaluation							
5.1 Evaluation	\$ 175,000	\$ 625,000			\$ 175,000	\$ 625,000	\$ 175,676
5.2 Cross system planning/Youth	\$ -	\$ 125,000			\$ -	\$ 125,000	\$ -
5.3 Profile of offenders with MH & COD	\$ -	\$ 60,000			\$ -	\$ 60,000	\$ 60,000
5.4 Planning, training, service design efforts	\$ 50,000	\$ 100,000			\$ -	\$ -	\$ -
5.5 Safe Harbors	\$ 140,000	\$ 577,500			\$ 140,000	\$ 577,500	\$ 298,265
5.6 Information systems	\$ -	\$ 175,000			\$ -	\$ 175,000	\$ -
5.7 Consultation and training (HIPAA)	\$ -	\$ 75,000			\$ -	\$ 75,000	\$ -
5.8 Common data set	\$ 40,000	\$ 190,000			\$ 40,000	\$ 190,000	\$ -
5.9 Facilitation of ongoing partnerships	\$ 75,000	\$ 225,000			\$ 75,000	\$ 225,000	\$ 216,551
Subtotal:	\$ 7,122,500	\$ 26,702,929			\$ 7,072,500	\$ 26,602,929	\$ 16,993,812
Percent of available program dollars:						99.6%	63.6%
Administration and Board Support	\$ 488,080	\$ 1,118,562			\$ 488,080	\$ 1,118,562	\$ 988,703
Planning, Development and Start-up	\$ -	\$ 412,524			\$ -	\$ 412,524	\$ 63,605
Subtotal:	\$ 488,080	\$ 1,531,086			\$ 488,080	\$ 1,531,086	\$ 1,052,308
Total:	\$ 7,610,580	\$ 28,234,015			\$ 7,560,580	\$ 28,134,015	\$ 18,046,120
Percent of available program, board support, Start-up, and administrative expense dollars:							
						99.6%	63.9%

*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), and programmatic commitments.